



APPLICATION FOR A WASTEWATER DISCHARGE PERMIT FOR DISCHARGE OF MUNICIPAL WASTEWATER TO GROUND WATER

FOR OFFICE USE ONLY**Check One**

New/Renewal

Modification

Date Application Received _____

Application/Permit No. _____

Date Application Accepted _____

Date Fee Paid _____

This application is for a wastewater discharge permit as required in accordance with provisions of Chapter 90.48 RCW and Chapter 173-216 WAC. Permit applications provide the Department with information on pollutants in the waste stream, materials which may enter the waste stream, the flow characteristics of the discharge, and the site characteristics at the point of discharge.

The Department may request additional information at a later date to clarify the conditions of this discharge. Information previously submitted to the Department and which is applicable to this application should be referenced in the appropriate section.

SECTION A. GENERAL INFORMATION

1. Applicant Name: _____
2. Facility Name: _____
(if different from Applicant)
3. Applicant Address: _____
Street

City/State _____ Zip

City/State _____ Zip
4. Facility Address: _____
Street

City/State _____ Zip
5. Latitude/longitude of mechanical portion of the wastewater treatment plant:
____ ° ____ ' ____ " N ____ ° ____ ' ____ " W
6. Person to contact who is familiar with the information contained in this application:

Name _____ Title _____

Telephone Number _____ Fax Number _____

7. Check One:

Permit Renewal (including renewal of temporary permits authorized by RCW 90.48.200)

Does this application request a greater amount of wastewater discharge, a greater amount of pollutant discharge, or a discharge of different pollutants than specified in the last permit application for this facility?

For permit renewals, the current permit is an attachment, by reference to this application.

Permit Modification

Existing Unpermitted Discharge

Proposed Discharge

Anticipated date of discharge: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment for knowing violations.

_____ Signature*	_____ Date	_____ Title
_____ Printed Name		

*Applications must be signed by either a principal executive officer or a ranking elected official. If these titles do not apply to your organization, the application is to be signed by the person who makes budget decisions for this facility. For state facilities, this is typically a program manager.

The Department of Ecology is an equal opportunity agency and does not discriminate on the basis of race, creed, color, disability, age, religion, national origin, sex, marital status, disabled veteran's status, Vietnam Era veteran's status or sexual orientation.

If you have special accommodation needs or require this document in alternative format, please contact Ecology at (360) 407-6401 (voice). Ecology's telecommunications devise for the deaf (TDD) is (360) 407-6006.

SECTION B. TREATMENT PLANT INFORMATION

1. Identify all industries, large commercial facilities or other communities discharging to this publicly owned treatment works (POTW) by name, type of industry, address, telephone number and contact name. Attach extra sheet(s) if needed and label as attachment B1.

	INDUSTRY #1	INDUSTRY #2
NAME:		
INDUSTRY:		
ADDRESS:		
TELEPHONE:		
CONTACT NAME:		

2. Plant Design and Operation Manuals Available for This Treatment Facility:

<u>Type of Manual</u>	<u>Date</u>	<u>Is There a Copy at the POTW?</u>
Engineering Report	_____	
Operation and Maintenance Manual	_____	
Crop Management Plan	_____	
Sprayfield Management Plan	_____	

3. Plant Design Data:

a. Average Influent Flow for Maximum Month (MGD):	_____
b. Influent BOD Load (lbs/day):	_____
c. Influent SS Load (lbs/day):	_____
d. Began Operation (year):	_____
e. Last Major Upgrade (year):	_____
f. Planned Upgrades (year):	_____
g. Design Population:	_____
h. Sprayfield loading - attach copy of the irrigation schedule if schedule if available	_____

4. Are there plans to modify this facility? If so, briefly describe what and when.

5. Attach a simple schematic drawing of POTW and label as attachment B.5. (*Attachments should be 11 x 17", or smaller*). The schematic should show all treatment processes (from B.6 below), flow direction and flow quantities (in million gallons per day (MGD) or in gallons per day (GPD)).

6. Identify the type and number of unit processes at this facility.

Treatment	Unit Process	Number of Units
Lift Stations	In Collection System	
	At Head of Plant	
Preliminary Treatment	Manually Operated Bar Screens	
	Mechanically Operated Bar Screens	
	Grit Removal	
	Pre-Aeration	
	Comminutors/Grinders	
	Other (<i>specify</i>)	
Primary Treatment	Primary Sedimentation Tank/Clarifiers	
	Septic tanks	
	Other (<i>specify</i>)	
Secondary Treatment	Oxidation Ditch	
	Package Plant - Activated Sludge	
	Package Plant - Physical/Chemical	
	Aerated Lagoon	
	Non-aerated Lagoon/Facultative Lagoon	
	Rotating Biological Contact	
	Secondary Clarifiers	
	Trickling Filter	
	Polishing Ponds	
	Other (<i>specify</i>)	
Additional Treatment	Coagulation	
	Filtration	
	Storage (Lined Lagoon)	
	Storage (Unlined Lagoon)	
	Other (<i>specify</i>)	
Land Treatment or Application	Drainfield	
	Rapid Infiltration/Infiltration Lagoon	
	Constructed Wetland	
	Sprinkler Irrigation	
	Flood Irrigation	
	Ridge and Furrow Irrigation	
	Subsurface Irrigation	
	Other (<i>specify</i>)	
Disinfection	Chlorination	
	Ultraviolet	
	Other	

SECTION C. WASTEWATER INFORMATION

1. Average influent flow for the maximum month: _____ gallons/day
Maximum daily flow applied to the land: _____ gallons/day

2. How are influent and effluent flow measured?

3. Attach flow records for the last year.

4. Provide measurements or range of measurements for treated wastewater prior to land application for the parameters with an "X" in the left column. Use the analytical methods given in the table unless an alternate method is approved by Ecology. All analyses (except pH) must be conducted by a laboratory registered or accredited by the Department of Ecology (WAC 173-216-125). If this is an application for permit renewal, provide data for the last year for those parameters that are routinely measured. For parameters measured only for this application, place values under maximum.

X	Parameter	Concentration Measured			Number of Analyses	Analytical Method Std. Methods 19th edition	Detection Limit
		Minimum	Maximum	Average			
	BOD (5 day)					5210	2 mg/l
	COD					5220 B, C, or D	5 mg/l
	Total Suspended Solids					2540D	1 mg/l
	Total Dissolved Solids					2540 C	
	Conductivity					2510 A	
	Ammonia-N					4500-NH ₃ C	20 µg/l
	pH					4500-H	0.1 units
	Total Residual Chlorine					4500-Cl E	1 mg/l
	Fecal Coliform					9222 D	
	Total Coliform					9221 B or 9222 B	
	Dissolved Oxygen					4500-O C or 4500-O G	

X	Parameter	Concentration Measured			Number of Analyses	Analytical Method Std. Methods 19th edition	Detection Limit
		Minimum	Maximum	Average			
	Nitrate + Nitrite-N					4500-NO ₃ E	0.5 mg/l
	Total Kjeldahl N					4500-N _{org}	20 µg/l
	Ortho-phosphate-P					4500-P E or 4500-P F	1 µg/l
	Total-phosphate-P					4500-P B.4.	1 µg/l
	Total Oil & Grease					5520 C	0.2 mg/l
	Calcium					3500-Ca B	3 µg/l
	Chloride					4500-Cl C	0.15 µg/l
	Fluoride					4500-F D	0.1 mg/l
	Magnesium					3500-Mg B	0.5 µg/l
	Potassium					3500-K B	5 µg/l
	Sodium					3500-Na B	2 µg/l
	Sulfate					4500-SO ₄ E	1 mg/l
	Barium (total)					3500-Ba B	30 µg/l
	Cadmium (total)					3500-Cd B	5 µg/l
	Chromium (total)					3500-Cr B	50 µg/l
	Copper (total)					3500-Cu B	20 µg/l
	Iron (total)					EPA 236.1	1 µg/l
	Lead (total)					3500-Pb B	100 µg/l
	Manganese (total)						
	Mercury					3500-Hg B	0.2 µg/l
	Selenium (total)					3500-Se C	2 µg/l
	Silver (total)					3500-Ag B	10 µg/l
	Zinc (total)					3500-Zn B	5 µg/l

5. Describe the collection method for the samples which were analyzed above (i.e., grab, 24 hour composite).

6. Has the effluent been analyzed for any other parameters than those identified in question C.4 or are there other pollutants that you know of or believe to be present?

If yes, specify the pollutants and their concentration if known (attach laboratory analyses if available). *(Note: Ecology may require additional testing.)*

SECTION D. GROUNDWATER INFORMATION

Provide measurements or range of measurements from monitoring wells or supply wells in the area of discharge. Provide the analytical method and detection limit, if known. Provide the location of each well on the map required in E.3 below. Attach well logs and well I.D. # when available. Copy this page as necessary for each well.

Well ID # _____

Parameter	Concentration or Range Measured	Analytical Method	Detection Limit
BOD (5 day)			
COD			
Total Suspended Solids			
Total Organic Carbon			
Total Dissolved Solids			
Conductivity			
Total Hardness			
Ammonia-N			
pH			
Total Residual Chlorine			
Fecal Coliform			
Total Coliform			
Dissolved Oxygen			
Nitrate + Nitrite-N			
Total Kjeldahl N			
Ortho-phosphate-P			
Total-phosphate-P			
Total Oil & Grease			
Calcium			
Chloride			
Fluoride			
Magnesium			
Potassium			
Sodium			
Sulfate			
Barium (total)			
Cadmium (total)			
Chromium (total)			
Copper (total)			
Iron (total)			
Lead (total)			
Manganese (total)			
Mercury			
Selenium (total)			
Silver (total)			
Zinc (total)			
Water Level			

SECTION E. SITE ASSESSMENT

The local library and local city or county planning offices may be helpful in providing the information required in this section. The Department of Ecology Water Resources Section can be consulted for identifying wells within one mile of your site.

1. Give the legal description of the land treatment site(s) by section/township/range and latitude/longitude. Indicate owner for each site. Give the acreage of each land treatment site(s). Attach a copy of the contract(s) authorizing use of land for treatment.
2. If this is a new discharge, list all environmental control permits or approvals needed for this project; for example, SEPA review, septic tank permits, sludge application permits, or air emissions permits.
3. Attach an original United States Geological Survey (USGS) 7.5 minute topographic map. **USGS topographical maps are available from the Department of Natural Resources (360-902-1234), Metsker Maps (206-588-5222), some local bookstores and internet sites.** Show the following on this map:
 - a. Location and name of internal and adjacent streets.
 - b. Surface water drainage systems within ¼ mile of the site.
 - c. All wells within 1 mile of the site.
 - d. Wastewater discharge points.
 - e. Land uses and zoning adjacent to the wastewater application site.
 - f. Ground water gradient.
4. Describe soils on the site using information from local soil survey reports. **Soils information is available from your local County Conservation District.** *(Submit on separate sheet and label as attachment E.4).*
5. Describe the local geology and hydrogeology within one mile of the site. **The local library or local Soil Conservation Service may have this information.** *(Submit on separate sheet and label as attachment E.5).*

6. List the names and addresses of contractors or consultants who provided information and cite sources of information by title and author.

SECTION F. SLUDGE MANAGEMENT AND DISPOSAL

1. If your wastewater treatment is by lagoon:

Has the depth of the sludge been measured in the last five years?

(include measurement)

Will sludge be removed in the next five years? If so, describe sludge generation, stabilization, utilization, and disposal. Attach extra sheets as necessary.

2. If your wastewater treatment is by methods other than lagoon:

Do You Have a Sludge Management Plan?

Is the Plan approved by:

Local Health District?

Date approved: _____

Department of Ecology?

Date approved: _____

Summary of Attachments That May be Required for This Application:

(Please check those attachments which are included)

- B.5 Schematic drawing of POTW
- C.3 Flow records
- C.6 Additional effluent analysis
- D. Additional ground water data
- E.1 Copies of contracts authorizing use of land for treatment
- E.3 USGS topographic map
- E.4 Soil information
- E.5 Local geology and hydrogeology